



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

Livestock Facility Inspection Checklist

GENERAL INFORMATION

TYPE OF INSPECTION: <input checked="" type="checkbox"/> CAFO <input type="checkbox"/> COMPLAINT <input type="checkbox"/> RECONNAISSANCE <input type="checkbox"/> ERU FOLLOW UP <input type="checkbox"/> OPERATOR REQUEST <input type="checkbox"/> OTHER							
FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.) Bible Finisher					INSPECTION DATE 05/26/11		ARRIVAL TIME 10:15 am
ADDRESS 1329 Eligah Road					INSPECTOR(s) Bruce Rodely		DEPARTURE TIME 11:30 am
CITY Louisville			STATE IL	ZIP CODE 62858	ACCOMPANIED BY (if applicable)		
LEGAL DESCRIPTION		COUNTY Clay	SECTION 8	TOWNSHIP 5N	RANGE 7E	TEMPERATURE 65 F	PRECIPITATION TYPE Rain 2-inches last 24
Facility Owner(s): <small>Exemption 6 and Exemption 7(C)</small>	NAME Maschhoff Pork Inc				CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHONE <small>Exemption 6 and Exemption 7(C)</small>	MOBILE
	ADDRESS			CITY		STATE	ZIP CODE
	Exemption 6 and Exemption 7(C)						
	NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	MOBILE
	ADDRESS			CITY		STATE	ZIP CODE
Facility Operator(s): <small>Exemption 6 and Exemption 7(C)</small>	NAME Bible Pork Inc.				CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE <small>Exemption 6 and Exemption 7(C)</small>	MOBILE
	ADDRESS			CITY		STATE	ZIP CODE
	Exemption 6 and Exemption 7(C)						
	NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	MOBILE
	ADDRESS			CITY		STATE	ZIP CODE

NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)

1. What type of NPDES permit has been issued? <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> General NPDES Permit		NPDES #
2. What date was the NPDES permit issued?		
3. What date does the NPDES permit expire?		
4. Is a copy of the NPDES permit onsite?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Permitted number of animal units?		
6. Does the NPDES Permit contain a compliance schedule?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have there been any changes made to the production area since the permit was issued?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", provide a detailed description of those changes.		

None

LAND APPLICATION/NUTRIENT MANAGEMENT		
1. How many TOTAL acres are available for land application? <u>1381.72</u> acres		
2. How many acres are READILY available for land application at the time of inspection? <u>700</u> acres		
3. Estimated annual quantities of liquid waste <u>2,400,00</u> gallons		
4. Estimated annual quantities of solid waste <u>36</u> tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: <u>J&B Waste Applications, Robinson, IL</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input checked="" type="checkbox"/> Umbilical Injection <input checked="" type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used? Manufacturer Recommendations	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain Land owner residences of leased fields	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
19. Is the NMP adequately addressing the storage, handling and application of manure and wastewater to prevent discharges to waters of the U.S.?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

LIVESTOCK FACILITY DESCRIPTION**Facility Type**☒ Total Confinement Buildings☐ Open Earthen Feedlot☐ Open Confinement Buildings☐ Vegetated Pasture☐ Open Concrete Feedlot☐ Other _____

Type of Animals	Number of Animals (currently)	Capacity	Type of Confinement
SWINE > 55 LBS	3761	7200	Total

Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)? ☐ N/A ☒ YES ☐ NO

If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan? ☐ N/A ☒ YES ☐ NO

If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review? ☒ N/A ☐ YES ☐ NO

Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below.

None☐ YES☒ NO**LIVESTOCK WASTE STORAGE**

1. Does the facility have any existing livestock waste containment system? ☒ YES ☐ NO
If NO, then proceed to question 10.

2. General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas).

Underfloor deep pit storage, mortality pick up building, and feed bins.

Type of Storage	Total Storage Capacity (Specify Units)
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input checked="" type="checkbox"/> Underfloor Pits	3,590,400 gallons
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☐ YES ☒ NO

4. Are levels of manure in the storage structures recorded and records kept? ☒ YES ☐ NO

5. Do the storage structures have adequate freeboard? ☒ YES ☐ NO

6. Estimated final stage storage structure freeboard **84** in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☒ YES ☐ NO

8. Are the routine visual inspections documented? ☒ YES ☐ NO

9. Does the system have an outfall or discharge point? ☐ YES ☒ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).

None

10. Are there any portions of the production area where runoff is not controlled? ☐ YES ☒ NO

If "YES", provide a detailed description of the area(s) of concern:

None

MORTALITIES MANAGEMENT

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)
Rendering 3-times a week.

2. Are mortalities documented and are records kept? ☒ YES ☐ NO

FACILITY WATER SOURCES

1. What type of method is used to provide drinking water for the animals?
☐ Overflow waters ☐ Tip Tanks ☒ Nipple waters ☐ Water Bowls ☐ Other _____
2. How is the water for animals obtained?
☐ Community PWS ☒ On-Site Well ☐ On-Site Impoundment ☐ Other _____
3. Is a mist cooling system used? ☒ YES ☐ NO
How is mist water contained?
Runs into underfloor storage pit.

DAIRY OPERATION (If No Dairy, skip this section)

1. How many times per day are cows milked? _____
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).
None
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.
None
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.
None
5. Describe where process wastewater from the plate cooler goes and how it is contained.
None

BEDDING (If No Bedding, skip this section)

1. Describe what type of bedding is used for the animals.
None
2. Describe how bedding is collected and how often.
None
3. What is done with the used bedding? ☐ Reused ☐ Land Applied

MANURE COLLECTION

1. How is manure collected?
- ☒ Under Floor Pit
- ☐ Scraped: ☐ Automatic ☐ Manual
- ☐ Flush
- ☐ Solids Separator
- ☐ Other: _____
- ☐ None
2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.
- None**

FEED STORAGE CONTAINMENT

1. Describe how feed (silage, hay, etc) is contained.
- ☒ Bulk Bins
- ☐ Silage Pit
- ☐ Ag Bags
- ☐ Hay: ☐ Barn ☐ Outdoor
- ☐ Other: _____
2. Describe how feed (silage, hay, etc) runoff is contained.
- ☒ Not Applicable – Feed totally enclosed
- ☐ Other: _____
- ☐ None

RECEIVING SURFACE WATERS

1. Provide a description of the flow path from the facility to the nearest named surface water.
- Grass waterway to unnamed tributary to Georgetown Creek to Little Muddy Creek**

2. What is the name of the receiving stream?

Georgetown Creek

3. Status of the named surface water: ☐ Intermittent ☒ Perennial

4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☒ NO

If "YES", provide a description of the deposits: **None**

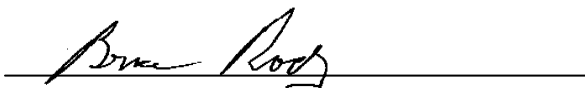
DISCHARGES

1. Have there been any documented discharges of livestock waste to surface water <i>in the past year</i> ? If "NO" proceed to question 2.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a. If "YES", specify the date(s).		
b. What was the reason for the discharge?		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. What was the precipitation amount? <i>(if applicable)</i>		
e. Was IEMA notified of the discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: None		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. What was the precipitation amount? <i>(if applicable)</i>		
d. What is the reason for the discharge?		

OTHER COMMENTS/NOTES

Clean well-maintained facility that is also well mowed. Rainfall at the time of inspection and all stormwater was clear.

Will an inspection report be attached? ☐ YES ☒ NO

INSPECTOR'S SIGNATURE**REPORT DATE****07/20/2011**